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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number

117645-1033

				<u>d - Par</u>	`								
	Number Filed in Reissue Application		(3)		Small Entity			Other than a Small Entity					
			Number	Extra	Rate			Fee			Rate	Fee	
Total Claims (37 CFR 1.16(j))	(B)	9	****	=	x \$	9	=	\$0	Or	x \$	18 =		\$0
Independent claims (37 CFR 1.16(i))	(D)	5	1	=	x \$	42	=	\$42	OI.	x \$	84 =	: L	\$84
			Basic Fee	(37 C	FR			\$375				\$	750
	-		Total F	Filing F	ee			\$417				S	834
	Total Claims (37 CFR 1.16(j)) Independent claims	Total Claims (37 CFR 1.16(j)) Independent claims (D)	Total Claims (37 CFR 1.16(j)) (B) 9 Independent claims (D) 5	Reissue Application Number	Reissue Application Number Extra	Reissue Application Total Claims (37 CFR 1.16(j)) Independent claims (D) Reissue Application Number Extra R 0 = x \$	Number Filed in Reissue Application Number Extra Rate	Number Filed III Reissue Application Number Extra Rate	Number Fried in Reissue Application Number Extra Rate Fee	Number Fried in Reissue Application Number Extra Rate Fee	Number Filed in Reissue Application Number Extra Rate Fee	Number Fried in Reissue Application Number Extra Rate Fee Rate	Number Fried in Reissue Application Number Extra Rate Fee Rate Fee

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity				Other than a Small Entity					
						Rate	_	Fee		F	Rate		Fee	
Total Claims (37 CFR 1.16(j)	***	MINUS	**	*	x \$	9	=	\$0		x \$	18	=		s
Independent Claims (37 CFR 1.16(i))	***	MINUS	****	=	x \$	42	=	\$0		x \$	84	=		- \$0
				Total Ad	dition	al Fe	е	\$0)R			\$(

* If the entry in (D) is less than the	e entry in (C), Write "0" in column	3,
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Ø	Applicant claims small entity status. See 37 CFR 1.27.	
	Please charge Deposit Account NoA duplicate copy of this sheet is	in the amount of
Ø	The Commissioner is hereby authorized to charge any a credit any overpayment to Deposit Account No. 50-0856 A duplicate copy of this sheet is enclosed.	dditional fees under 37 CFR 1.16 or 1.17 which may be required, or
Ø	A check in the amount of \$ 417	_ to cover the filing / additional fee is enclosed.
	Payment by credit card. Form PTO-2038 is attached.	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

June 27, 2003

Signature of Applicant, Attorney or Agent of Record

Michael A. O'Neil

Typed or printed name

^{**} If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

^{***} After any cancellation of claims.

^{****} If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

^{***** &}quot;Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)